



TEMPORARY FOOD PERMIT APPLICATION - Fee Due: \$50.00
TO BE SUBMITTED WITH PAYMENT 10 WORKING DAYS PRIOR TO EVENT.

Checks due upon receipt of application. Checks payable to:

City of Amesbury

9 School St.

Amesbury, MA 01913

Questions: (978) 388-8134

Name of Festival/Function: _____

Name of Establishment: _____ Address of Establishment: _____

Name & Title of Applicant: _____ Tel./Cell: _____

EMAIL ADDRESS:

Name(s) of Certified Food Manager(s)

_____ Tel. _____
Tel. _____
Tel. _____

Name(s) of Designated Persons in Charge

_____ Tel. _____
Tel. _____
Tel. _____

Copies of the following must be submitted with this application:

- ☐ Copy of existing food service license
- ☐ Copy of Certified Food Protection Certificates for the above-named individual(s)
- ☐ Menu item(s) & equipment layout (*hand washing facilities at site, flooring, fire extinguisher, refrigeration, equipment labeling, sanitizers, etc.*)
- ☐ Certificate of Insurance of General Liability with Product Liability

Emergency Response Person Name: _____ Home Phone: _____

Water Source: _____ Sewage Disposal: _____

Bathroom Facilities: _____

Days/Hours of Operation: _____

I acknowledge that the Board of Health will conduct compliance checks on a regular basis to ensure that retailers do not illegally sell to minors.

Print Name

Signature

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and PAID all State taxes required under law.

Print Name

Signature

Date

